MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL N	φ.				
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FILING DATE

APPLICANT(S)

CLAIMS

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TOTAL DEP.	· .	ا بيح	,,			ا ۲۰
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TOTAL CLAIMS			is			
PTO - 1360 (REV. 11/04)						

IND.   DEP.   IND.   DEP.   IND.   DEP.   STO.   DEP.   STO.   DEP.   STO.   DEP.   STO.   DEP.   STO.		AS FILED		. AF	TER ndment	AFTER 2 = AMENDMENT	
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S8   S9   S9   S9   S9   S9   S9   S9	57	┩	<del>  -</del>	<b> </b>	<b> </b>	<b> </b>	<del> </del>
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86 87 88 88 99 90 90 91 92 93 94 95 96 97 98 99 100 100 100 100 100 100 100 100 100		<u> </u>					
87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 TOTAL IND. TOTAL DEF.		<b>-</b>					
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95 96 97 98 99 100 TOTAL IND. TOTAL DEP.	94						
97 98 99 100 TOTAL IND.  TOTAL DEP.	95						
98 99 100 TOTAL IND. TOTAL DEP.	96	<u>.                                    </u>					
99 100 TOTAL IND.  TOTAL DEP.	97	<b>-</b>				$\longrightarrow$	
TOTAL IND.  TOTAL DEP.   TOTAL	98	<b> </b>	<b></b>				
TOTAL IND.  TOTAL DEP.   TOTAL C		<del> </del>	<u> </u>				
	TOTAL			<del></del>		<del></del>	
	IND.		- ₹		⟨		<b>₹</b>
TOTAL CLAIMS	TOTAL DEP.		<u> </u>		<b>⟨</b> □		
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